FORM PTO-875 (Rev. 670)

DATES ADDISON OF DESCRIPTION							Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000							09920281				
CLAIMS AS FILED - PART I						LLE	NIIIY				
TOTAL CLAIMS	(Column	1)	(Column 2)		TYPE		=	ОЯ	SMALL	R THAN ENTITY	
FOR	MARRI	NUMBER FILED		MUMBER EXTRA		TE	FEE	4	RATE	FEE	
TOTAL CHARGEABLE CLAIM		us 20=	. 23			BASIC FEE 355.0		OR		710.00	
INDEPENDENT CLAIMS		□ minus 3 =		• ,		X\$ 9= X40=		POR	 -	954	
MULTIPLE DEPENDENT CLAIN	PRESENT					<u>-</u>		OR	X80=	80	
* If the difference in column 1 is/less than zero, enter *0" in column 2						5= -		OR	+270=		
						TAL	L	OR	TOTAL	1741	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						u.	ENTITY	OR	OTHER SMALL	THAN	
A CLAIKS REMAINING AFTER AMENDMEN		HIGH NUME PREVIO PAID (IER USLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FÈE		RATE	ADDI- TIONAL FEE	
AFTER AMENDMENT Total • 73	Minue	- 7	3	•	X\$	9=		OR	X\$18=	7	
FIRST PRESENTATION OF	Minus MULTIPLE DEP	ENDENT	CLAIM		X40	X40=		OR	X80=		
					+134	5 -		OR	+270=	1	
6(29)05 (COLUMN)					ADDIT.	W.		OR	TOTAL ADDIT FEE	/	
T. T. TOP J GONDIUS				•	ADDII. PEE						
CLAIMS REMAINING AFTER AMENOMEN Total Independent Total	т	HIGHE NUMB PREVIOU PAID F	er Usly	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • 35	Minus	• /	<u>)</u>	=	X\$ 9	-		OR	X\$18=		
FIRST PRESENTATION OF		ATIPLE DEPENDENT CLAIM			X40			OR	X80=		
1 0					+135	=	-	OR	+270=		
111.7.00	•				TO			OR ,	YOYAL VOIT, FEE		
(Column 1)		(Column		(Column 3)							
CLAIRS REMAINING AFTER AMENOMENT		HIGHE NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA	RATE	•	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
Total • O	Miraus	••//	$2 \perp$	•	X\$ 9-	T		OR	X\$18=		
Total Independent Interpendent				•	X40-	+		- · · · ·	X80=		
TIMO PRESENTATION OF	 	+		OR							
* If the entry in column 1 is less than the prity in column 2, write "V" in column 3.								DR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Note) or Independent) is the Highest number bound in the appropriate box in column 1.											
· · · · · · · · · · · · · · · · · · ·			A 51-1	WHOSE INTEREST IS		appro	facility our	in colu	ma 1	T. I	

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